

LOOE URBAN DISTRICT COUNCIL

THE ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1964.

TO THE CHAIRMAN, AND MEMBERS OF THE LOOE URBAN DISTRICT COUNCIL

Mr. Chairman, Ladies & Gentlemen,

As has been the case for many years, changes in the population of No. 7, Health Area were relatively small and insignificant in 1964. Small reductions in St. Germans R.D. and Falmouth M.R. were offset by small increases in the other four County Districts, resulting in an overall increase in the Health Area population from 50,340 in 1963 to 50,820 in 1964.

The corrected birth rate showed a further increase to 10.8 per 1,000 of population which again brought it above the national rate. Still births at 1.1 were identical with last year's figure, and the rate here was below the national rate. Deaths at 6.7, were below the 1963 figure, but the corrected rate per 1,000 of the population was slightly above the rate for England and Wales. The excess of live births over deaths was 9%. For the third successive year there were no maternal deaths. The figure for deaths of infants under one year of age was up on the 1963 figure, but the rate per 1,000 live births was still fractionally below the national rate. Of the 15 infants who died, 7 failed to survive the first critical week of life and a further 3 lived less than four weeks.

In 1962 I commented briefly on rate of illegitimate births in the Health Area which in that year registered 5.6 per cent of all live births, and had not increased noticeably above the average for the previous 13 years. In 1963 the rate fell slightly to 5.4% and in 1964 there was a sharp increase to 8.1%. The 6.1 illegitimate births registered meant that one child in every twelve born started life with this social handicap.

Of the 674 deaths registered in 1964 heart disease was responsible for 214, strokes caused 720, and 111 were caused by cancer. Of the defined forms of heart disease that form affecting the coronary arteries of the heart itself caused 121 deaths. Amongst the defined forms of cancer that affecting the lung and bronchus was most prevalent causing 16 deaths. Cancer of the stomach was almost as prevalent and caused 15 deaths. There was a sharp reduction in the mortality from breast cancer which in 1963 caused only 6 deaths. Of those who died during 1964 none 7% per cent had reached or exceeded the age of 75 years at the time of death, whilst a further 27% each were between 65 and 74 years of age at the time of death.

The incidence of notifiable disease (other than tuberculosis) was very light during the year. 117 cases only were notified. The most prevalent of this group of diseases was measles, of which there were 14 cases occurring mainly in the St. Germans and Falmouth Rural Districts. Of the more serious forms of notifiable disease there were two cases of meningitis and one of meningococcal infection, but none of these had a fatal outcome or serious after-effects.

Although the incidence of notifiable diseases other than measles has tended to decline in recent years there has been an increase in minor forms of illness which are almost certainly infectious in character. Of these one of the more prevalent, and troublesome is a type of epidemic vomiting and diarrhoea. This appears to involve mainly children in the lower school age group i.e. between the ages of 5 and 8 years but older children and adults are by no means immune. The cause is not known but is believed to be a virus. The infecting agent may spread through the material vomited, the stools, or from the mouth, nose, and throat in much the same way as the common cold. Whilst personal hygiene is helpful in limiting the spread of infection the fact that much of the dissemination of the infecting agent is from the upper respiratory tract makes really satisfactory control virtually impossible. Happily the disease is of short duration, and not usually severe particularly in children and it represents more of a nuisance than any real danger to health. In some older children and in adults the attacks tend to be more severe. In addition to this type of epidemic illness affecting the gastro-intestinal system one also hears of, and sees a fair amount of vague influenza-like illness, some of which may of course be true influenza virus infection, but much is probably due to a variety of other viruses which have been discovered in the last decade. It is fortunate that most of these infections are of a mild nature since most of the drugs currently available for treating them are not very effective.

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Another difficulty in dealing with these infections is the comparative lack of facilities for isolating and identifying the agent responsible. The techniques and equipment for working in the laboratory with viruses are still being developed and evolving and are currently available to any extent outside the larger laboratories and research centres. They will of course eventually be made available more widely, but until this is the case much of our opinions must continue in the realm of speculation.

If one looks at a graph or diagram charting the incidence in this Health Area of newly notified cases of tuberculosis over the past 17 years there is no doubt that a gradual fall in incidence is clearly in evidence. This overall reduction is not linear in the nature of a smooth, and continuous downward gradient but shows more of a spiky hill and dale outline. Thus a year of very low incidence is frequently followed by a year or two of rising incidence followed in turn by a further fall in incidence. In 1963 the rate fell to a new low level of 0.22 per 1,000 of population, to be followed in 1964 by a noticeable rise to 0.37 per 1,000 of population. Of the 19 new cases coming to light during 1964, no less than 13 were in people aged 45 years or more. This serves to reinforce the current belief that the main reservoir of tuberculous infection is probably in the middle-aged and elderly section of the community, and especially in males in these age groups. In such cases it is not infrequently associated with and possibly masked by the "English disease" - chronic bronchitis. Difficulties of diagnosis are aggravated by lack of interest if not overt resistance to the diagnostic facilities made available by the Mass Radiography Service on the part of people, and more particularly males, in the older age groups. Relatively low rates of tuberculin sensitivity amongst 12 year old schoolchildren were again found in 1964 when the rate was 5.1 per cent of 507 children who had the test applied and subsequently read. This indicates that the majority of children up to this age are escaping contact with tuberculous infection, and suggests that there is some reduction in the size and extent of the pool of unknown tuberculous infection. In this connection it is interesting to note that as recently as 1954 children only slightly older were showing a positive reactor rate of 14.3 per cent.

There were three deaths attributed to tuberculosis during the year. Of these two were chronic sufferers whose disease had not responded to a variety of treatments. The other of a 65 year old woman, was only discovered as a result of an autopsy carried out.

The welfare of elderly people, especially those living alone, and those living in old houses and cottages lacking amenities, continued to pose problems and cause anxiety. In a great many instances the Home Help Service did valuable work in enabling old people to continue to live at home. This arrangement is not only humane, but imposes much less of a financial burden on the general body of ratepayers and taxpayers. There are however limitations to the extent and type of home help which can be provided to allow old persons to continue to live at home, and in such cases, and there are many of this type, the only satisfactory solution is admission to a County Council home for old people. In spite of extra provision which has been made in recent years the demand for places in such homes still outstrips the supply with the result that waiting lists, and some system of priorities in selecting people for admission are inevitable. At present the County Council provides some 145 welfare places in homes in this Health Area. Of these 74 are in Lanellion Hospital, Liskeard, 35 at Polvellan House, Looe and 36 at St. Annes, Saltash. The County Council is under an obligation to the Hospital Management Committee to vacate the accommodation now in use at Lanellion Hospital Liskeard, and to replace the 74 places now available there, and provide some additional places it is proposed to provide two 48 place homes - one at Liskeard, and one at Callington. This new provision is scheduled for the financial year 1966/67, and the provisional capital cost of each home was estimated in 1964 at £82,000 or £1,700 per place provided. Whilst all concerned with the welfare of old persons would wish to see more generous provision of places in homes it is an inescapable fact that such provision represents a heavy financial burden on the community. If these difficulties are appreciated and seen against the larger picture of demands for better educational facilities, more and better hospital accommodation, increases in housing provision, more direction of resources into the solution of traffic congestion, then those concerned, and their relatives may be more tolerant of some delay in solving the problem of caring for old persons.

Recent outbreaks of enteric fever in this country have caused much concern and have underlined the need for higher standards of food hygiene. In this field the most important and usually the most faulty element is the human food handler. It is true that mal-functioning, badly maintained equipment can harbour and spread food poisoning infection. In the majority of outbreaks of illness contracted from food the principal culprit is the food-handler whose

standards of personal cleanliness are either indifferent or downright bad. The food Hygiene Regulations require the provision of adequate washing facilities but no regulation nor any amount of normal reasonable supervision can ensure that a careless employee makes use of such facilities. So often the human links in the chain to prevent infection of food are the weak ones which fail, and set at naught or seriously reduce the value of good premises and equipment. In saying this I would not wish the inference to be drawn that there are no deficiencies in the surroundings and equipment associated with the storage, display and handling of food. The most striking deficiency in the majority of establishments dealing with food is the absence or inadequacy of cold storage and cold display facilities. Refrigerated display counters for foods such as cooked meats, meat pies, and other items of food which are consumed without further cooking are still conspicuous by their absence, even in large stores where large amounts of such foods are stocked and sold. Too often one sees such items displayed in windows or on open counters where they are subject not only to infecting agents present in the air, and dust which surround them, but also to the higher ambient temperature which favours the growth and rapid multiplication of harmful bacteria, and moulds. I feel that in shops handling these foods, and indeed for those selling confectionary, and that noted West of England delicacy - clotted cream - such provision is to be regarded as something which a good well-run food store should not be without.

There has not been a great deal of activity in the field of local authority housing, nor have any large scale slum clearance schemes come forward during 1964. The heaviest demand for Council house tenancies is found in the urban districts notably at Saltash and Torpoint, where sizeable waiting lists are the rule, the position being rather easier in rural areas. Further provisions of houses specially designed to suit the needs of elderly persons has been made, and there appears to be no difficulty in finding tenants for such dwellings when they are completed. Many older dwellings have been saved from closing on demolition by the operation of improvement grant schemes. Provided such houses are structurally sound reasonably free from dampness, and have some space around them, they can be made into attractive and comfortable homes by the expenditure of a fraction of what would be required to provide the equivalent in living accommodation and amenities in a newly-built house. The extension of main water supplies, and sewerage and sewage disposal schemes into rural localities has done a great deal to encourage owners of older properties to take advantage of improvement grant schemes.

The piped water supplied by the East Cornwall Water Board has been of satisfactory quality, and has been generally adequate in quantity throughout the year. Local difficulties did occur from time to time due almost entirely to old and/or inadequate distribution mains. The Board is working to a programme for the renewal of such inadequate distribution arrangements, but this will have to be spread over a period of some years, and until it is completed wholly satisfactory supplies will not be possible in certain localities. Over and above the local difficulties the total amount of water available from the two main sources at Trekeive Steps and at Bastreet is only just sufficient to meet present demands, and I am glad to know that the Board has been given authority to proceed with a scheme to impound and store a large amount of water by means of a dam to be constructed in a moorland valley at Siblyback to the north of Liskeard.

By the end of the year permission - so long awaited - had been given for a start to be made on the scheme for sewage disposal in the Borough of Liskeard. This when completed will remove a major source of pollution of what is otherwise a pleasant inland river. Further schemes are in hand or have been completed in the Liskeard and St. Germans Rural Districts, and in the Liskeard Rural District the position has now been reached where relatively small communities in hamlets are being provided with proper means of sewage disposal - a far cry from the primitive and thoroughly unsatisfactory state of sanitation which existed as recently as 10 - 12 years ago. At the principal holiday resort in this Area - Looe - the unsatisfactory and objectionable method of discharging crude sewage into the river continues, and at the time of writing I am not aware of definite proposals to remedy this unpleasant state of affairs. As long ago as 1949, soon after my appointment as Medical Officer of Health, I wrote my first adverse comment on the arrangements, or rather the lack of them, for sewage disposal at Looe. In each succeeding annual report over the past 15 years I have repeated this critical comment and am sorry to have to again do so in 1964. By contrast with other parts of the Health Area where progress in providing modern methods of sewage disposal has been proceeding steadily the position at Looe is becoming yearly more difficult to defend and justify.

The disposal of household and trade refuse presents a problem which continues to grow from year to year. Allied to an increase in the volume of refuse is the difficulty in finding suitable sites for disposing of it. Moreover the present generation is apt to take a more critical view of disposal methods and the day to day management of refuse tips. I do not quarrel with this attitude since a badly sited, and inefficiently managed tip can without doubt be a source of considerable nuisance to those living and working in the vicinity of the tip. If however, these higher standards are to be achieved and maintained members of District Councils, and ratepayers will have to come around to the realisation that more money will have to be spent on this service, and I am glad to see that most Councils when faced with this problem have accepted the necessity for this.

In concluding this general preface I should like to thank the Members and the Officers of all six District Councils in the No. 7. Health Area for the understanding and help they have given me during the year.

I have the honour to be.

Mr. Chairman, Ladies & Gentlemen,

Your obedient Servant,

P.J. FOX

Medical Officer of Health.

LOOE URBAN DISTRICT COUNCIL

HEALTH & HIGHWAYS COMMITTEE

Councillor R.E.Walke Chairman

Councillor M.Broad Vice-Chairman

HEALTH OFFICERS OF THE AUTHORITY

P.J.Fox, M.B., B.Ch., B.A.O., D.P.H. - Medical Officer of Health.

Health Area Office,
West Street,
Liskeard,
Cornwall. LISKEARD 3373

J.E.Harvey, M.A.P.H.I., Public Health Inspector.

The Guildhall,
East Looe,
Cornwall. LOOE 2255/6

URBAN DISTRICT OF LOOE

Area of Urban District	1,650 acres
Population (Registrar General's Estimate)	3,940
Number of Inhabited houses	1,671
Rateable Value	£178,589
Product of Penny Rate	£690

VITAL STATISTICS FOR 1964

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Live births	28	22	50
	<u>Looe U.D.</u>	<u>Health Area No: 7</u>	<u>England & Wales</u>
Birth rate per 1,000 of population	16.0	18.8	18.4
	<u>Male</u>	<u>Female</u>	<u>Total</u>
Still births	1	-	1
	<u>Looe U.D.</u>	<u>Health Area No: 7</u>	<u>England & Wales</u>
Still birth rate per 1,000 total births	19.6	14.2	16.3
	<u>Male</u>	<u>Female</u>	<u>Total</u>
Deaths	33	20	53
	<u>Looe U.D.</u>	<u>Health Area No: 7</u>	<u>England & Wales</u>
Death rate per 1,000 of population	9.2	11.7	11.3

Principal Causes of Death at All Ages

Heart disease	...	...	...	...	...	...	...	...	...	28
Cancer (all sites)	...	...	...	...	...	...	...	...	...	9
Stroke	...	...	...	...	...	...	...	...	...	4

In 1964 the usual trend - an excess of deaths over live births - was resumed, and the birth rate was below the local and national figures. Illegitimate births expressed as a percentage of all live births was 14% which was noticeably above the Health Area figure of 8.1%. There were no maternal deaths or deaths of infants under one year of age during the year.

Heart disease was responsible for a higher proportion of deaths than in other districts in Health Area No:7. whilst strokes were relatively uncommon as a cause of death. Of those who died during the year no less than 66% had attained or exceeded the age of 75 years at the time of death.

Infectious Disease

The incidence of this group of diseases was again very light during 1964, when six cases only were notified. None of the more serious types of notifiable disease occurred and there were no deaths attributed to diseases of this group.

The following are details of cases and case rates of infectious disease during 1964 :-

<u>Disease</u>	<u>Cases</u>	<u>Rate per 1,000 of population</u>	
		<u>Looe U.D.</u>	<u>Health Area No:7</u>
Pneumonia	4	1.00	0.47
Measles	1	0.25	1.65
Dysentery	1	0.25	0.04

Tuberculosis

The generally encouraging state of affairs referred to in the paragraph immediately preceding did not unfortunately hold as far as newly discovered cases of tuberculosis was concerned. During the year no less than 5 cases of respiratory infection, and 2 cases of non-respiratory infection were notified. It is necessary to go all the way back to 1948 to find the year in which the incidence of this disease was last at this comparatively high level. Part at least of the blame for this unfortunate state of affairs may be laid at the door of a middle-aged male who in 1962 was under suspicion as a possible source of infection of a young relative. At that time he refused to co-operate by having his chest X-rayed. He himself was notified in early 1964 and may well have been in an early stage of the disease when we were endeavouring to check up on him in late 1962, and in the intervening 16 months until his disease was discovered he may have constituted a source of infection to some of the cases coming to light during 1964. We do encounter some resistance amongst this age group - middle aged and elderly males - to any suggestion that they may be a source of tuberculous infection, and it is widely believed that in this section of the community may exist the principal reservoir of tuberculous infection.

The following are details of cases, and case rates for this disease in the Urban District during 1964.

	<u>Age Group</u>	<u>New Cases</u>	
		<u>M.</u>	<u>F.</u>
0	-	4	-
5	-	14	1
15	-	24	-
25	-	44	1
45	-	64	3
65	and over	-	1
		<u>5</u>	<u>2</u>

	<u>Rate per 1,000 of population</u>	
	<u>Looe U.D.</u>	<u>Health Area No:7</u>
New Cases	1.78	0.37
All known cases	5.58	3.90
Deaths	-	0.06

At the end of the year there were 17 known cases of respiratory tuberculosis, and 5 known cases of non-respiratory tuberculosis resident in the Urban District.

National Assistance Act, 1948.

No action under Section 47 of this Act was called for during 1964.

Water Supply

The gradual replacement of old distribution mains in the town will help to offset any difficulties which may arise during the summer months when the demand for water is heavy. Some inadequacies in the supply to the higher parts of West Looe will be removed by the provision of a new storage reservoir in the not too distant future. The water supplied by the East Cornwall Water Board was at all times of good quality.

Food

A reasonable standard of hygiene was achieved and maintained in the storage, handling and preparation of food. As in previous years the greatest hazard arises during the expansion of catering activities in the holiday months when many of the staff employed in handling food are not only inexperienced, and untrained for this work, but are of a type not likely to take a conscientious or responsible attitude to food hygiene.

In spite of potential dangers inherent in the situation no cases or outbreaks of food borne disease came to notice during the year.

Factories Act 1961

The administration of the Act gave rise to no difficulties during the year.

Report of Public Health Inspector

This report by Mr.J.E.Harvey follows. I am glad to place on record my gratitude to Mr.Harvey for the help he has given me throughout 1964.

LOOE URBAN DISTRICT COUNCIL

Report of Mr. J. E. Harvey,
Surveyor & Public Health Inspector

FACTORIES, WORKSHOPS AND BAKEHOUSES

Periodical inspections were carried out of all factories etc. in the district.

(1) Inspection for purposes of provision as to health (Including inspections made by the Public Health Inspectors). Factories Act. 1937.

	<u>No: on Register</u>	<u>Inspections</u>
(i) Factories on which sections 1, 2, 3, 4, and 6 are to be enforced by local authority.	8	18
(ii) Factories not included in (i) in which section 7 applies	-	-
(iii) Others	4	10
	12	28

(2) Cases in which defects were found

<u>Particulars</u>	<u>Defects Found</u>	<u>Defects Remedied</u>	<u>Referred to H.P. Inspector</u>
Want of cleanliness	3	3	-
Ineffective drainage of floors	-	-	-
Sanitary Conveniences	1	1	-
Other	-	-	-
	4	4	-

HOUSING

The Council built no houses during the year, but one four bedroomed house at Sunrising was converted into two flats and a house at Polvellan Terrace was also converted into two flats and let to old age pensioners.

A total of 59 Private Enterprise houses and flats were built during the year and a further 19 were under construction.

Periodical inspections were carried out of council houses and apart from one or two isolated cases, the tenants should be congratulated on the excellent conditions the houses are maintained.

Total No: of inspections	631
Drains inspected and tested	74

SEWERAGE & SEWAGE DISPOSAL

The Council continued the practice of discharging crude sewage into the Harbour and sea. More complaints were received during the year than ever before, of sewerage polluting the beaches.

The Council considered another scheme for disposal, put forward by their Consulting Engineers, and went so far as to send a delegation to visit one of

the systems (Contact Stabilization) at Newmarket. Upon receiving the report on the system and its cost it was resolved that no further action be taken until it was ascertained whether or not Government Assistance would be obtained. Such Assistance I cannot see forthcoming and the Council must show courage and get on with the job of ridding the town of, what the Looe River is fast becoming, "An open Sewer".

Further lengths of Sewer were installed in the Barbican development area; these Sewers were connected to existing Sewers discharging into the Looe River.

REFUSE COLLECTION & DISPOSAL

The number of premises from which refuse is collected is 1916.

A weekly collection is made during the winter and a twice weekly collection during the summer. It is necessary to employ two collecting vehicles during the summer and even with this extra vehicle it is necessary to work a considerable amount of overtime.

The refuse is disposed of by incineration, but the present plant is not nearly large enough to cope with the quantity collected. Investigations have been carried out into alternative methods of collection and disposal, but no suitable site could be located for a tip.

It was estimated that 9,000 tons of refuse was collected.

Net Cost of Collection £3382

Net Cost of Disposal £1012

PUBLIC CONVENIENCES

The Council, following a Government Instruction, removed "Turn Styles" from their conveniences. This involved the Council in considerable expence (approx. £1,000 to fit new locks), and a loss in revenue.

There are seven Public Conveniences in the town.

The need for Conveniences at Plaidy became more apparent with the increasing popularity of Plaidy Beach.

Income from the Conveniences amounted to £1,900.

FOOD & DRUGS

A total of 653 inspections were carried out of "Food Premises" in the district.

It was found necessary to make frequent inspections of Cafe's during the summer months, due mainly to the employment of casual and untrained staff. The volume of trade carried out by some of these establishments necessitates working up to eighteen hours a day. This being such it was found that often storage facilities were inadequate and the general cleansing and maintenance of both plant and fabric had to be carefully watched. On the whole a very good standard was maintained.

The Canning Factory at Tolean was closed and business transferred to Plympton.

A large quantity of canned foods were condemned as unfit for human consumption.

PUBLIC HEALTH

A total of 242 complaints of nuisances were investigated and in all but one case, informal action produced the desired effect.

